835 Error Codes List as of 04/28/2010 Remark Reason Code Adj. Reason Code Description Code Remark Code Descripton **Exception Code Descripton** COPAY CHARGED ON ADJUSTED CLM 3 Co-payment Amount CRITICAL FIELD CHANGE-REVERIFY SPENDDOWN Co-payment Amount 3 3 Co-payment Amount SPDWN: TOTAL RECIP LIAB The procedure code is inconsistent with the modifier used or a required modifier N157 INVALID DESTINATION MODIFIER Transportation to/from this destination is not covered. The procedure code is inconsistent with the modifier used or a required modifier INV PICKUP LOCATION MODIFIER The procedure code is inconsistent with the modifier used or a required modifier MODIFIER NOT AUTHORIZED FOR CLAIM TYPE The procedure code is inconsistent with the modifier used or a required modifier INVALID PROCEDURE CODE MODIFIER The procedure code is inconsistent with the modifier used or a required modifier EMERG TRANS MUST HAVE VAL MOD PROCEDURE REQUIRES MODIFIER The procedure code is inconsistent with the modifier used or a required modifier The procedure code is inconsistent with the modifier used or a required modifier MISSING DESTINATION MODIFIER is missing. The procedure code/bill type is inconsistent with the place of service. Missing/incomplete/invalid place of service. PLACE OF SERVICE MUST BE OFFICE 5 The procedure code/bill type is inconsistent with the place of service. INVALID INPATIENT TYPE OF BILL 5 MA30 Missing/incomplete/invalid type of bill. 5 The procedure code/bill type is inconsistent with the place of service. POS/PROC CONFLICT The procedure code/bill type is inconsistent with the place of service. PAID OUTPATIENT TRIAGE FEE 5 ONLY COVERED THROUGH A FQHC The procedure code/bill type is inconsistent with the place of service. 5 The procedure code/bill type is inconsistent with the place of service. INVALID BILL TYPE 5 The procedure/revenue code is inconsistent with the patient's age. INV RECIP AGE/PROC (REF FILE) 6 PROC NOT PAYABLE FOR AGE OR PROV TYPE The procedure/revenue code is inconsistent with the patient's age. 6 The procedure/revenue code is inconsistent with the patient's age. SERVICE LIMITED BY AGE The procedure/revenue code is inconsistent with the patient's age. PROC AGE RELATED REPLACED W/ PROPER CODE 0NV RECIP SEX/PROC (REF FILE) The procedure/revenue code is inconsistent with the patient's gender. The procedure/revenue code is inconsistent with the patient's gender. NDC NOT PAYABLE FOR GENDER PROCEDURE CODE IS GENDER SPECIFIC The procedure/revenue code is inconsistent with the patient's gender. PROC CD NT PAYABLE TO PROV TYP 8 The procedure code is inconsistent with the provider type/specialty (taxonomy). PROC / PROV TYPE CONFLICT 8 The procedure code is inconsistent with the provider type/specialty (taxonomy). PROC CD NOT PAYABLE TO FQHC 8 The procedure code is inconsistent with the provider type/specialty (taxonomy). The diagnosis is inconsistent with the patient's age. RECIP AGE/DIAG-CONFLICT 9 INV RECIP SEX/DIAG (REF FILE) 10 The diagnosis is inconsistent with the patient's gender. SEX/DIAG CONFLICT 10 The diagnosis is inconsistent with the patient's gender. 10 The diagnosis is inconsistent with the patient's gender. AGE/DIAG CONFLICT The diagnosis is inconsistent with the procedure. N208 Mlssing/incomplete/invalid DRG code. COMBINED DX CODES NE DRG 11 The diagnosis is inconsistent with the procedure. DIAGNOSIS IS INCONSISTENT WITH PROC 11 DX INDICATES NORM DEL NOT AN EMERGENCY 11 The diagnosis is inconsistent with the procedure. The date of death precedes the date of service. PATIENT HAS EXPIRED 13 The authorization number is missing, invalid, or does not apply to the billed M53 Missing/incomplete/invalid days or units of service. INVALID PA UNITS OF SERVICE services or provider. The authorization number is missing, invalid, or does not apply to the billed MISSING PREADMISSION DOC. NO. services or provider. 15 The authorization number is missing, invalid, or does not apply to the billed DRG ON CLM NOT DRG ON PA services or provider. The authorization number is missing, invalid, or does not apply to the billed NO CLEAN PREADMISSION FORM services or provider. The authorization number is missing, invalid, or does not apply to the billed CLAIM DOES NOT MATCH PRIOR AUTHORIZATION services or provider. The authorization number is missing, invalid, or does not apply to the billed PROV ON CLAIM NOT PROV ON PA services or provider. The authorization number is missing, invalid, or does not apply to the billed PROC ON CLAIM NOT PROC ON PA services or provider. The authorization number is missing, invalid, or does not apply to the billed DATES ON CLAIM NE DATES ON PA services or provider.

15	The authorization number is missing, invalid, or does not apply to the billed			CLAIM TYPE CAN NOT HAVE PA NUMBER
	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			INVALID PREADMISSION MATCH
	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			TAD DATES NOT EQUAL TO DATES ON 10A
	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			NO MATCH ON LTC LEVEL OF CARE
	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			PA ON CLM NOT EQUAL PA IN SYSTEM
	services or provider.			THE OTHER PROPERTY OF THE OTHER
15	The authorization number is missing, invalid, or does not apply to the billed			PA NOT MI-706
13	services or provider.			FANOT MI-700
15	The authorization number is missing, invalid, or does not apply to the billed			PROC ON CLAIM NE PROC ON MI706
15				PROC ON CLAIM NE PROC ON MI706
4-	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			HOSP INPT/OUPT SERV NOT APPROVED
L	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			CLAIM/PA SURG CDES DON'T MATCH
	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			NO CLEAN PC-701 IN SYSTEM
	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			UMAP CLIENT NO MI-706
	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			MISSING MI-706# FOR LAB SERVICES W/CLIA#
l	services or provider.			
15	The authorization number is missing, invalid, or does not apply to the billed			LINE ADDED REQUIRES PA,DIFF CODE THAN PA
l 'ĭ	services or provider.			ENTERIORES REGUIRES FA,DII F CODE THAIN FA
16	Claim/service lacks information which is needed for adjudication.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug	PHYS ADMIN DRUG CODES REQUIRE NDC
'0	At least one Remark Code must be provided (may be comprised of either the	WILLS	Code (NDC).	FILLS ADMIN DROG CODES REGUIRE NDC
			Code (NDC).	
4.0	Remittance Advice Remark Code or NCPDP Reject Reason Code).	M440	Ministration Research Laborated Association (1997)	MICCINIC PRI IO CORE
16	Claim/service lacks information which is needed for adjudication.	W1719	Missing/incomplete/invalid/deactivated/withdrawn National Drug	MISSING DRUG CODE
	At least one Remark Code must be provided (may be comprised of either the		Code (NDC).	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug	INVALID DRUG CODE
	At least one Remark Code must be provided (may be comprised of either the		Code (NDC).	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug	M/I COMPOUND PRODUCT ID
	At least one Remark Code must be provided (may be comprised of either the		Code (NDC).	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug	M/I COMPOUND DOSAGE FORM DESCRIPTN CODE
l	At least one Remark Code must be provided (may be comprised of either the	1.20	furnished.	33 33 32 32.1 01 32.001 111 00DE
l	Remittance Advice Remark Code or NCPDP Reject Reason Code).		Tarrioriou.	
16	Claim/service lacks information which is needed for adjudication.	M22	Missing/incomplete/invalid number of miles traveled.	INVALID NUMBER OF MILES
'0		14122	nviissing/incomplete/invalid number of filles traveled.	INVALID INDIVIDER OF WILES
	At least one Remark Code must be provided (may be comprised of either the			
L	Remittance Advice Remark Code or NCPDP Reject Reason Code).	1450		MICONIO DEL VENIUE CODE
16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	MISSING REVENUE CODE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE-INPATIENT
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE FOR ESRD
	At least one Remark Code must be provided (may be comprised of either the		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE FOR OUTPT
I 'ĭ	At least one Remark Code must be provided (may be comprised of either the		miconig/moonipicto/mvalia revenue code(s).	"" THE TEVELOCE CODE FOR COTT I
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue as da/s\	DEVENUE CODE NOT ON THE
10	· · · · · · · · · · · · · · · · · · ·	IVIOU	Missing/incomplete/invalid revenue code(s).	REVENUE CODE NOT ON FILE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M51	Missing/incomplete/invalid procedure code(s).	MISSING PROCEDURE CODE
	At least one Remark Code must be provided (may be comprised of either the			
L	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
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	Claim/service lacks information which is needed for adjudication.			
		M53	Missing/incomplete/invalid days or units of service.	MISSING UNITS OF SERVICE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M53	Missing/incomplete/invalid days or units of service.	UNITS REQUIRED FOR REVENUE CDE
	At least one Remark Code must be provided (may be comprised of either the		Thioding/modifipioto/mvalid days of diffic of solvice.	ONTO REGOINED FOR REVERSE OBE
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M53	Missing/incomplete/invalid days or units of service.	M/I UNIT OF MEASURE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M54	Missing/incomplete/invalid total charges.	MISSING TOTAL CLAIM CHARGE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
		MEA	Mississification for the second of the secon	DEIMO AMT. TOTAL CHARGE
	Claim/service lacks information which is needed for adjudication.	M54	Missing/incomplete/invalid total charges.	REIMB AMT > TOTAL CHARGE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M54	Missing/incomplete/invalid total charges.	INVALID NET CHARGE AMOUNT
	At least one Remark Code must be provided (may be comprised of either the		3 11 7 111 1111 1111 1111	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M54	Missing/incomplete/invalid total charges.	BILLED CHG MUST = RATE X UNITS
		WIST	iwissing/incomplete/invalid total charges.	BILLED CHG WOST = RATE X UNITS
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M59	Missing/incomplete/invalid "to" date(s) of service.	END DOS GT EXP DT FOR GROUPER
	At least one Remark Code must be provided (may be comprised of either the	1		
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M62	Missing/incomplete/invalid treatment authorization code.	INV PA STERILE CONSENT DATE
	At least one Remark Code must be provided (may be comprised of either the		ivilosing/incomplete/irivalia treatment authorization code.	WY THOTERIEL CONCENT DATE
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M64	Missing/incomplete/invalid other diagnosis.	MISSING A RELATED DIAGNOSIS
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s).	MISSING ICD9 SURGICAL CODE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
		M67	N 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	MICCINIC IODOCIA CLIDOLOAL CODE
	Claim/service lacks information which is needed for adjudication.	IVIO7	Missing/incomplete/invalid other procedure code(s) and/or date(s).	MISSING ICD9CM SURGICAL CODE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M76	Missing/incomplete/invalid diagnosis or condition.	MISSING DIAGNOSIS INDICATOR
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	M79	Missing/incomplete/invalid charge.	MISSING SUBMITTED CHARGE
			iviissing/incomplete/invalid charge.	INIOSINO SOBINITI LED OFIAROL
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).	+		
	Claim/service lacks information which is needed for adjudication.	M79	Missing/incomplete/invalid charge.	INVALID EXTRA CHARGE AMOUNT
	At least one Remark Code must be provided (may be comprised of either the	1		
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	M79	Missing/incomplete/invalid charge.	INV ALLOWED CHRG AMT -PHARMACY
	At least one Remark Code must be provided (may be comprised of either the		O	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).	1		
16	Claim/service lacks information which is needed for adjudication.	MA420	Missing/insemplete/involid CLIA soutification acceptant	MICCINIC OD INIVALID OLIA OFFICIOATE "
		WA120	Missing/incomplete/invalid CLIA certification number.	MISSING OR INVALID CLIA CERTIFICATE #
	At least one Remark Code must be provided (may be comprised of either the	1		
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	MA120	Missing/incomplete/invalid CLIA certification number.	CLIA CERT# NOT MATCHED 1ST OR 2ND CYCLES
	At least one Remark Code must be provided (may be comprised of either the	1	·	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).	1		
	Claim/service lacks information which is needed for adjudication.	MA120	Missing/incomplete/invalid CLIA certification number.	CLIA CERTIFICATE# NOT MATCHED 3RD CYCLE.
		11120	TVIISSITIG/TITOOTTIPIELE/ITIVATIA OLIA GETTITIOALIOIT HUITIDET.	OLIN OLIN II IOATE# NOT WATCHED SKD CTOLE.
	At least one Remark Code must be provided (may be comprised of either the	1		
	Remittance Advice Remark Code or NCPDP Reject Reason Code).	1		
	Claim/service lacks information which is needed for adjudication.	MA120	Missing/incomplete/invalid CLIA certification number.	CLIA CERTIFICATE INVALID FOR PROC ON DOS
	At least one Remark Code must be provided (may be comprised of either the	1		
	Remittance Advice Remark Code or NCPDP Reject Reason Code).	1		
	Claim/service lacks information which is needed for adjudication.	MA130	Your claim contains incomplete and/or invalid information, and no	CANNOT CALCULATE PAYMENT - BAD DATA
	At least one Remark Code must be provided (may be comprised of either the		appeal rights are afforded because the claim is unprocessable. Please submit	S. S. S. S. SOOD ITE I MINE IT DAD DATA
	Remittance Advice Remark Code or NCPDP Reject Reason Code).		a new claim with the complete/correct information.	
	Remittance Advice Remark Code of NCPDP Reject Reason Code).	1	a new daim with the complete/correct information.	

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Semintence Autice Fernance Code or KICPDP Register Research Codes of the Committee of the Code of the	16	Claim/service lacks information which is needed for adjudication.	MA31	Missing/incomplete/invalid beginning and ending dates of the	MSSNG DOS OR SCREENING DATE
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16 Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the	1				
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	16		N153	iviissing/incomplete/invalid room and board rate.	REPLACEMENT/VOID RECEIVED FOR CLAIM
	1	At least one Remark Code must be provided (may be comprised of either the			
Intermittation Nation Country of the Dr. Region Readon Country.	1				
		Tromittance having trainant douc of the DI Treject heason doucy.	1	l .	

4.0		Nana	INC. F. L. F. P. I. P. D. C. L.	MICCINIC DDC
16	Claim/service lacks information which is needed for adjudication.	N208	MIssing/incomplete/invalid DRG code.	MISSING DRG
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N241	Incomplete/invalid review organization approval.	MISSING P A REVIEWER SIGNATURE
	At least one Remark Code must be provided (may be comprised of either the		moon proto, mana romon organization approvan	
40	Remittance Advice Remark Code or NCPDP Reject Reason Code).	Note		
16	Claim/service lacks information which is needed for adjudication.	N253	Missing/incomplete/invalid attending provider primary identifier.	INVALID ADMITTING LICENSE NO
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N261	Missing/incomplete/invalid operating provider name.	MISSING SURGEON NAME OR LIC NO
	At least one Remark Code must be provided (may be comprised of either the		Thioding/indomploto/invalid operating provider hame.	MICCING CONCECNTA MILE ON LIC NO
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N29	Missing documentation/orders/notes/summary/report/chart.	MODIFIER REQUIRES MANUAL REVIEW
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N29	Missing documentation/orders/notes/summary/report/chart.	PROC REQUIRES MANUAL REVIEW
1	At least one Remark Code must be provided (may be comprised of either the		iviliability documentation/orders/notes/summary/report/ordert.	TROO REGUIREO WINTONE REVIEW
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
40		Non		
16	Claim/service lacks information which is needed for adjudication.	N29	Missing documentation/orders/notes/summary/report/chart.	INSUF DATA TO MAKE DETERMIN.
1	At least one Remark Code must be provided (may be comprised of either the			
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N29	Missing documentation/orders/notes/summary/report/chart.	EMERGENCY CLIENT ONLY
1	At least one Remark Code must be provided (may be comprised of either the		J	
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N291	Missing/incomplete/invalid rendering provider secondary identifier.	MICCINIC CEDVICINIC LICENICE NUMBER
10	•	NZ91	Missing/incomplete/invalid rendering provider secondary identifier.	MISSING SERVICING LICENSE NUMBER
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N297	Missing/incomplete/invalid supervising provider primary identifier.	INVALID SUPRV PROV CHK DIGIT
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N305	Missing/incomplete/invalid accident date.	INV ACCIDENT IND - MED CLAIM
10		14303	Missing/incomplete/invalid accident date.	INV ACCIDENT IND - MED CLAIM
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N31	Missing/incomplete/invalid prescribing provider identifier.	POS PRESCRIBER FIELD HAS DR NAME (ALPHA)
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N31	Missing/incomplete/invalid prescribing provider identifier.	SERVICING LICENSE NOT ON FILE
1 .			ivilsality/incomplete/invalid preactioning provider identifier.	SERVICING EIGENGE NOT ON TIEE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N31	Missing/incomplete/invalid prescribing provider identifier.	MISSING OR INVALID PRESCRIBER LICENSE #
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N31	Missing/incomplete/invalid prescribing provider identifier.	INV REFER LIC NOCHEC RELATED
1	At least one Remark Code must be provided (may be comprised of either the		provider lucituiler.	THE REPORT OF THE REPORT OF THE PARTY OF THE
1	Parity and Adviso Person Code an NODD Paint Person Code			
— —	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N31	Missing/incomplete/invalid prescribing provider identifier.	MSSNG REFER PROV NAME OR LIC#
1	At least one Remark Code must be provided (may be comprised of either the			
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N318	Missing/incomplete/invalid discharge or end of care date.	INVALID DISCHARGE DATE
1	At least one Remark Code must be provided (may be comprised of either the		J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16		N330	Mississ/incomplete/invelid noticet de -45-4-4-4-	INVALID DATE OF DEATH
10	Claim/service lacks information which is needed for adjudication.	14000	Missing/incomplete/invalid patient death date.	INVALID DATE OF DEATH
	At least one Remark Code must be provided (may be comprised of either the			
L	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N341	Missing/incomplete/invalid surgery date.	MISSING DATE OF SURGERY
1	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N349	The administration method and drug must be reported to adjudicate	M/I COMPOUND ROUTE OF ADMINISTRATION
1 '		14049		INFOUND ROUTE OF ADMINISTRATION
1	At least one Remark Code must be provided (may be comprised of either the		this service.	
L	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N349	The administration method and drug must be reported to adjudicate	M/I COMPOUND DISPENSING UNIT FORM INDCTR
1	At least one Remark Code must be provided (may be comprised of either the		this service.	
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	The state of the s	1		1

40		NOTA		0.100 0.175 1107 1117 1111 0.00
16	Claim/service lacks information which is needed for adjudication.	N351	Service date outside of the approved treatment plan service dates.	SURG DATE NOT WITHIN DOS
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N358	Alert: This decision may be reviewed if additional documentation as	MODIFIER REQUIRES MANUAL REVIEW
	At least one Remark Code must be provided (may be comprised of either the		described in the contract or plan benefit documents is submitted.	
			described in the contract of plan benefit documents is submitted.	
40	Remittance Advice Remark Code or NCPDP Reject Reason Code).	Note		
16	Claim/service lacks information which is needed for adjudication.	N358	Alert: This decision may be reviewed if additional documentation as	EMERGENCY ONLY CLIENT
	At least one Remark Code must be provided (may be comprised of either the		described in the contract or plan benefit documents is submitted.	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N362	The number of days or Units of Service exceeds our acceptable	INV PA ESTIMATED DAYS OF STAY
1	At least one Remark Code must be provided (may be comprised of either the		maximum.	INVESTIGATED BATTO OF CIAT
			maximum.	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N37	Missing/incomplete/invalid tooth number/letter.	MISSING TOOTH NUMBER
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N37	Missing/incomplete/invalid tooth number/letter.	BILATERALLY MISSING TEETH CLM LACKS INFO
	At least one Remark Code must be provided (may be comprised of either the		wissing/incomplete/invalid tooth humber/ietter.	DIE/TETO/LET MIOONYO TEETIT OEM E/TOTO IIVI O
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N378	Missing/incomplete/invalid prescription quantity.	MISSING DRUG QUANTITY
1	At least one Remark Code must be provided (may be comprised of either the			
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N378	Missing/incomplete/invalid prescription quantity.	M/I QUANTITY INTENDED TO BE DISPENSED
1	At least one Remark Code must be provided (may be comprised of either the		and the state of t	go
1				
4.0	Remittance Advice Remark Code or NCPDP Reject Reason Code).	Noze	NATIONAL PROPERTY OF THE PROPE	M/LDAVO OLIDDI VINTENDED TO DE DIODENOS
16	Claim/service lacks information which is needed for adjudication.	N378	Missing/incomplete/invalid prescription quantity.	M/I DAYS SUPPLY INTENDED TO BE DISPENSED
1	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N378	Missing/incomplete/invalid prescription quantity.	M/I COMPOUND INGREDIENT QUANTITY
	At least one Remark Code must be provided (may be comprised of either the		3	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
40		11000		
16	Claim/service lacks information which is needed for adjudication.	N388	Missing/incomplete/invalid prescription number.	MISSING PRESCRIPTION NUMBER
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N43	Bed hold or leave days exceeded.	INV THERAP LEAVE DAYS-PREADMIT
	At least one Remark Code must be provided (may be comprised of either the		Dod Hold of loars days oxobaded.	
40	Remittance Advice Remark Code or NCPDP Reject Reason Code).	NEO		DIGGLI DEE COMENCE METAL DECE
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	DISCH DTE CONFLICTS WITH DEST
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	INVLD/MSSNG DSCHRG DESTINATION
	At least one Remark Code must be provided (may be comprised of either the		g	
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16		NEO	Mississife semulate fine called discharge in forms of the	DECIDIENT HAS DEEN DISCHARGED
10	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	RECIPIENT HAS BEEN DISCHARGED
1	At least one Remark Code must be provided (may be comprised of either the			
1	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	RECIPIENT DISCHARGED WHILE ON MCARE
1	At least one Remark Code must be provided (may be comprised of either the		· · ·	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	RECIPIENT TRANSFERED TO A HOSP
I ''		.430	Iniosing/mooniplete/mvalid discharge information.	MEDICIENT TRANSPERED TO A HUSE
1	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	RECIPIENT TRANSFERED ELSEWHERE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	NO DISCH DATE-SERV ENDS MID MONTH
I ''		.430	wildoning/intotriplete/invalid discharge information.	140 PIOOLI DATE-OFICA FIADO IAIDI MIOIALLI
1	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	DISCHARGE BEFORE FIRST SVC DT
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N530	Our records indicate a mismatch in enrollment information for	ELIG FILE MISSING NAME OR RACE
1 "	At least one Remark Code must be provided (may be comprised of either the			ELIO I IEE IVIIOOII VO IVIIVIE OIN IVAOL
			this patient.	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			

40		1100	len en e	WIN ALL IS SUCCESSION OF STATE
	Claim/service lacks information which is needed for adjudication.	N57	Missing/incomplete/invalid prescribing/dispensed date.	INVALID DISPENSING DATE
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N58	Missing/incomplete/invalid patient liability amount.	RESERVED AMT GTR THAN SPDN
ı İ	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	N58	Missing/incomplete/invalid patient liability amount.	SUSPENDED CROSSOVER
	At least one Remark Code must be provided (may be comprised of either the		,, y, y	
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
16	Claim/service lacks information which is needed for adjudication.	N63	Rebill services on separate claim lines.	DOS OVERLAP MONTH
	At least one Remark Code must be provided (may be comprised of either the		Trebili Services on Separate cialin lines.	DOS OVEREAL MONTH
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
	Claim/service lacks information which is needed for adjudication.	N75	Missing/incomplete/invalid tooth surface information.	MISSING TOOTH SURFACE
	At least one Remark Code must be provided (may be comprised of either the	1475	iviissing/incomplete/invalid tooth surface information.	WISSING TOOTH SURFACE
	Remittance Advice Remark Code or NCPDP Reject Reason Code).	NOT		0.000.000.000.000
	Claim/service lacks information which is needed for adjudication.	N95	This provider type/provider specialty may not bill this service.	CASE MNGMNT FEE - INV COS
	At least one Remark Code must be provided (may be comprised of either the			
	Remittance Advice Remark Code or NCPDP Reject Reason Code).			
18	Duplicate claim/service.	N347	Your claim for a referred or puchased service cannot be paid because	EXACT DUP OR MANUAL PRICE
ļ		1	payment has already been made for this same service to another provider by a	
			payment contractor representing the payer.	
18	Duplicate claim/service.	N449	Payment based on a comparable drug/service/supply.	DRUG/CHEMICAL DUPLICATION NOT ALLOWED
18	Duplicate claim/service.	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	MEDICAID/MEDICARE EXACT DUP
	Duplicate claim/service.			POSSIBLE DUP DENTAL EXTRACT
	Duplicate claim/service.	1		EXACT DUP OF PAID CLAIM
	Duplicate claim/service.			ICF EXACT DUPLICATE
	Duplicate claim/service.			ICF POSSIBLE CLAIM CONFLICT
	Duplicate claim/service.			SURGICAL SESSION - TWO CLAIMS
	Duplicate claim/service.	+		LTC EXACT DUP CLAIM THIS CYCLE
	Duplicate claim/service.			EXACT DUP WITH PAID CLAIM
	Duplicate claim/service.			SAME/OVRLP DOS THIS CYCLE INPT
	Duplicate claim/service.			EXACT DUP CLAIM THIS CYCLE
	Duplicate claim/service.	+		DUPLICATE PYMT - CS MNGMNT FEE
				DUPLICATE PAID/CAPTURED CLAIM
	Duplicate claim/service.			
	Duplicate claim/service.			CLAIM NOT PAID/CAPTURED
	Duplicate claim/service.			CCE EXACT DUPE CLAIM THIS CYCLE
	Duplicate claim/service.			DUPLICATE PROCEDURE EXCEEDS UNIT LIMIT
	Duplicate claim/service.	11101		DUP/CONFLICTING SURFACE
22	This care may be covered by another payer per coordination of benefits.	MA04		RECIP HAS MEDICAL INSURANCE
			information from the primary payer. The information was either not reported or	
			was illegible.	
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment	MEDICARE ELIG-NO ATTCHMT
			information from the primary payer. The information was either not reported or	
			was illegible.	
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment	MEDICARE WITHIN DATE(S) OF SVC
			information from the primary payer. The information was either not reported or	
			was illegible.	
22	This care may be covered by another payer per coordination of benefits.	MA04		RR TRAVELERS MEDICARE WITHIN DOS
	The sale may be service by anomer payor per secrements.		information from the primary payer. The information was either not reported or	THE THE TELEVISION IN EDITOR IN EDITOR
		1	was illegible.	
22			mad mognoto.	
	This care may be covered by another payer per coordination of benefits	MA04	Secondary payment cannot be considered without the identity of or payment	MEDICARE COVERED DOS OVERI AR
	This care may be covered by another payer per coordination of benefits.	MA04		MEDICARE COVERED DOS OVERLAP
	This care may be covered by another payer per coordination of benefits.	MA04	information from the primary payer. The information was either not reported or	MEDICARE COVERED DOS OVERLAP
			information from the primary payer. The information was either not reported or was illegible.	
	This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits.	MA04	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment	MEDICARE COVERED DOS OVERLAP RR TRAVELERS MEDICARE & DOS OVERLAP
			information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or	
22	This care may be covered by another payer per coordination of benefits.	MA04	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	RR TRAVELERS MEDICARE & DOS OVERLAP
22			information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. Our records indicate that we should be the third payer for this claim. We	
22	This care may be covered by another payer per coordination of benefits.	MA04	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the	RR TRAVELERS MEDICARE & DOS OVERLAP
22	This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits.	MA04	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	RR TRAVELERS MEDICARE & DOS OVERLAP MEDICARE DOS OVERLAP TPL
22	This care may be covered by another payer per coordination of benefits.	MA04	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers. Our records indicate that we should be the third payer for this claim. We	RR TRAVELERS MEDICARE & DOS OVERLAP
22	This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits.	MA04	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	RR TRAVELERS MEDICARE & DOS OVERLAP MEDICARE DOS OVERLAP TPL
22 22 22	This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits.	MA64 MA64	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	RR TRAVELERS MEDICARE & DOS OVERLAP MEDICARE DOS OVERLAP TPL
22 22 22 22	This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits.	MA64 MA64 MA92	information from the primary payer. The information was either not reported or was illegible. Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers. Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	RR TRAVELERS MEDICARE & DOS OVERLAP MEDICARE DOS OVERLAP TPL

22	This care may be covered by another payor per coordination of benefits			MENTL HLTH XOVR CLM NON-QMB CLIENT
22	This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits.			QMB - SEND BILL TO MEDICARE
22	This care may be covered by another payer per coordination of benefits. This care may be covered by another payer per coordination of benefits.			CROSSOVER SERVICE ONLY
22				RECIP HAS TPL-CLM W/ATTACHMENT
22	This care may be covered by another payer per coordination of benefits.			AMOUNT BILLED LESS THAN MINIM
	This care may be covered by another payer per coordination of benefits.			DENTAL-CLAIM HAS ATTACHMENT
22	This care may be covered by another payer per coordination of benefits.			
22	This care may be covered by another payer per coordination of benefits.			DENTAL BILL AMT LESS THAN MIN
22	This care may be covered by another payer per coordination of benefits.			CLAIM HAS ATTACHMENT
22	This care may be covered by another payer per coordination of benefits.			TPL BILLED LESS THAN MINIMUM
22	This care may be covered by another payer per coordination of benefits.			TPL NOT REPORTED ON CROSSOVER CLAIM
22	This care may be covered by another payer per coordination of benefits.			TPL AMOUNT NOT NUMERIC
23	The impact of prior payer(s) adjudication including payments and/or adjustments.			SERV PD BY MEDICARE AT 100%
23	The impact of prior payer(s) adjudication including payments and/or adjustments.			THIRD PTY PD OUTSTANDING ALLOWED
23	The impact of prior payer(s) adjudication including payments and/or adjustments.	Nood		CLAIMS AUX FILE - TPL DATA INCOMPLETE
24	Charges are covered under a capitation agreement/managed care plan.		A mental health facility is responsible for payment of outside providers who furnish these services/supplies to residents.	CAPITATED MENTAL HEALTH
24	Charges are covered under a capitation agreement/managed care plan.	N201	A mental health facility is responsible for payment of outside providers who furnish these services/supplies to residents.	EMERG. MENTAL HEALTH SERVICE
24	Charges are covered under a capitation agreement/managed care plan.	N52	Patient not enrolled in the billing provider's managed care plan on the date of service.	IHC ACCESS CLIENT RECVD SVCS OUT OF PLAN
24	Charges are covered under a capitation agreement/managed care plan.			RECIPIENT ENROLLED IN AN HMO
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT ENROLLED WITH WEBER MACS
24	Charges are covered under a capitation agreement/managed care plan.			CHIROPRATIC CAPITATION
24	Charges are covered under a capitation agreement/managed care plan.			FLEXCARE CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			UNI HOME CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			IHC ACCESS RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			MOLINA INDEPENDENCE CARE RECEIVED FFS
24	Charges are covered under a capitation agreement/managed care plan.			MOLINA INDEPENDENCE CARE RECEIVED FFS
24	Charges are covered under a capitation agreement/managed care plan.			MOLINA PLUS CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			HEALTHY U CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT IN HMO FOR DATE OF SERV.
24	Charges are covered under a capitation agreement/managed care plan.			IHC ACCESS RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			HMO CLIENT-CK FR DEC/JAN MED CARD
24	Charges are covered under a capitation agreement/managed care plan.			MEDUTAH CLIENT RECD FEE SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT ENROLLED IN HMO
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT ENROLLED IN MOLINA
24	Charges are covered under a capitation agreement/managed care plan.			AFC PLUS CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			RECIPIENT ENROLLED IN WEBER MACS
27	Expenses incurred after coverage terminated.			RECIP NOT ELIG ON SERV DATE
27	Expenses incurred after coverage terminated.			RECIPIENT INELIGIBLE FOR MEDICAID
27	Expenses incurred after coverage terminated.			RECIP NOT ELIG ON SERV DATE
27	Expenses incurred after coverage terminated.			NOT MEDICAID ELIGIBLE
27	Expenses incurred after coverage terminated.			RECIP NOT ELIG-SPNDWN NOT PAID
27	Expenses incurred after coverage terminated.			INELIG DATES & SPENDDOWN DTS OVERLAP
27	Expenses incurred after coverage terminated.			RECIP NT ELIG-ATMNT MAY BE CVD
29	The time limit for filing has expired.			FILING DEADLINE EXCEEDED
29	The time limit for filing has expired. The time limit for filing has expired.			FILING DEADLINE EXCEEDED FOR AGING SVC
29	The time limit for filing has expired. The time limit for filing has expired.			DTE OF SERVICE EXCEEDS 3 YEARS
31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier.	MISSING RECIPIENT ID NUMBER
31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier. Missing/incomplete/invalid patient identifier.	RECIPIENT ID NUMBER INVALID
31	Patient cannot be identified as our insured. Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier. Missing/incomplete/invalid patient identifier.	RECIPIENT ID NOMBER INVALID RECIPIONOT ON THE FILE
31	Patient cannot be identified as our insured.	14302	ivioonig/moonipiete/mvaliu patient lueritiller.	NAME/ID ON TAD NE NAME/ID ON 10A
31	Patient cannot be identified as our insured.			BABY INELIG ON INDIGENT PRGM
31	Patient cannot be identified as our insured.			ID NOT ON FILE (695)
31				UMAP CLIENT ID NOT ON FILE
35	Patient cannot be identified as our insured. Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.	DENTL LMT-1 INITIAL EXAM PR LIFE
35	Lifetime benefit maximum has been reached. Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.	EXCEEDS 1 INITIAL ASSESSMENT FOR TCM
35				IN HOSP FIRST DATE OF SERV
35	Lifetime benefit maximum has been reached.			IN HOSP LAST DATE OF SERV
35	Lifetime benefit maximum has been reached.	Nooc	Mining a Resident Resident Annual State Control of the Control of	NON-COVERED FOR MED NEEDY ADULT
38	Services not provided or authorized by designated (network/primary care) providers.	N286	Missing/incomplete/invalid referring provider primary identifier.	MISSING OR INVALID PCP NAME AND UPIN
38	Services not provided or authorized by designated (network/primary care)			LOCK-IN INCORRECT OVERRIDE AUTHORIZATION

			1	
38	Services not provided or authorized by designated (network/primary care) providers.			PCP CLIENT WITH INTERIM ELIG (695)
38	Services not provided or authorized by designated (network/primary care) providers.			SERVICE UNAUTHORIZED BY MCARE
38	Services not provided or authorized by designated (network/primary care) providers.			SERVICE UNAUTHORIZED BY MCARE
39	Services denied at the time authorization/pre-certification was requested.	N30	Patient ineligible for this service.	RECIPIENT REMAINS PRIVATE PAY
39	Services denied at the time authorization/pre-certification was requested.	N30	Patient ineligible for this service.	RECIPIENT STATUS GOES TO PRIVATE PAY
	Services denied at the time authorization/pre-certification was requested.			NOT AUTHORIZED BY THE PLUS CODE
	Services denied at the time authorization/pre-certification was requested.			DIAG ON PA NOT 290-319.99
	Charges do not meet qualifications for emergent/urgent care.	N20	Service not payable with other service rendered on the same date.	EMERG EXAM/OTHER SERV SAME DOS
40	Charges do not meet qualifications for emergent/urgent care.			ER VISIT FOR PCN CLIENT NOT EMERGENCY
40	Charges do not meet qualifications for emergent/urgent care.			SVCS DON'T QUALIFY FOR EMERGENCY CARE
	Charges exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).			SUBMITTED CHARGE ON 340B CLAIM TOO HIGH
50	These are non-covered services because this is not deemed a `medical necessity' by the payer.			RECIPIENT DENIED NO MEDICAL NEED
54	Multiple physicians/assistants are not covered in this case.			ASSISTANT SURGEON NOT COVERED
	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.			RECIP DENIED INAPP PLCMNT
59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia).			TWO ANESTHESIA SERVICES
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	COVERED BY DRG PAYMENT TO HOSP
	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	SRVC NOT COVERED WHILE IN HOSP
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	SRVC NOT COVERED WHILE IN HOSP
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.	INPT/OUTPT CONFLCT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.	PAID OUTPT CLAIM CONFLICT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			OUTPT/DRG CONFLICT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			OUTPT/DRG CONFLICT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			EMERGENCY ROOM NOT PAYABLE
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			EMERG ROOM OTH/SVCS NOT PAYBLE
	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG DISCONTD- NO ALTERNATE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG DISCONTD-BILL REPLACEMENT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	COMPOUND NOT COVERED FOR PROGRAM TYPE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M2	Not paid separately when the patient is an inpatient.	INPT OT IS PART OF HOSP PYMT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	NON-COVERED MCAID REVENUE CODE
	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M51	Missing/incomplete/invalid procedure code(s).	ALL SURG CODES BILLED-INVALID
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	INVALID TOTAL NON/COV CHARGE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M79	Missing/incomplete/invalid charge.	XOVR CLM - CHIROPRACTOR NOT CVRD

96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N129	Not eligible due to the patient's age.	CHEC RECIPIENT AGE IS GREATER THAN 20
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N129	Not eligible due to the patient's age.	INVAL RECIP AGE/DRUG(REF FILE)
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	INPT PSYC,REHAB/SURG CNFLCT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	X-OVER NOT COVERED FOR PCN
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PRINCIPAL SURG PROC NOT CVRD
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	OTHER SURG PROC NOT COVERED
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	OTHER PROC NOT COVERED (81)
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PROVIDER NOT COVERED IN PLAN
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	INPT AND OUTPT OBSERVATION NOT COVERED
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	TOOTH NOT COVERED FOR ROOT CANAL
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N216	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.	NONCOVERED MEDICAID BENFIT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	CLAIM/REF FILE AID TYPE CONF
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	EMERGENCY ONLY CLIENT NON COVERED SVC
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	NURSING HOME CLAIM PCN ELIGIBLE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	INVALID PREGNANCY INDICATOR FOR DRUG
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	NDC'S IN COMPOUND NON-COVERED
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	M14	No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.	INJECTION/OFFICE CALL CONFLICT
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	M14	No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.	THERAPEUTIC INJECTION/OFFICE CALL CONFLICT
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N19	Procedure code incidental to primary procedure.	PAYMENT INCLUDED IN PRIMARY PROCEDURE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N19	Procedure code incidental to primary procedure.	CURRENT PROC INCIDNTL OTHER CURRENT PROC
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N19	Procedure code incidental to primary procedure.	HIST PROC INCIDNTL OTHER CURRENT PROC
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	UN-BUNDLED SERVICE VS BUNDLED SERVICE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	UN-BUNDLED SERVICE VS BUNDLED SERVICE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	UN-BUNDLED SERVICE VS BUNDLED SERVICE

97	The benefit for this service is included in the payment/allowance for another	N20	Service not payable with other service rendered on the same date.	E&M SERVICE NOT REIMBURSED SEPARATELY
	service/procedure that has already been adjudicated.			
97	The benefit for this service is included in the payment/allowance for another	N390	This service/report cannot be billed separately.	INJECTION PART OF ASPIRATION
	service/procedure that has already been adjudicated.			
97	The benefit for this service is included in the payment/allowance for another			ASPIRATION/INJCTN CONFLICT
	service/procedure that has already been adjudicated.			
97	The benefit for this service is included in the payment/allowance for another			SERVICE IS COVERED IN DHS DAILY RATE
	service/procedure that has already been adjudicated.			
97	The benefit for this service is included in the payment/allowance for another			BUNDLED PROCEDURE/HISTORY OF PAID CLAIM
	service/procedure that has already been adjudicated.			
97	The benefit for this service is included in the payment/allowance for another			EMER EXAM/OTHER SERV SAME DOS
	service/procedure that has already been adjudicated.			
97	The benefit for this service is included in the payment/allowance for another			PD OUTPT CLAIM CONFLICT
07	service/procedure that has already been adjudicated.			000 050//10 IN DAOKA 05 DD00
97	The benefit for this service is included in the payment/allowance for another			COG SERV IS IN PACKAGE PROC
L	service/procedure that has already been adjudicated.	_		OLODAL ALBEADY BAID
97	The benefit for this service is included in the payment/allowance for another			GLOBAL ALREADY PAID
	service/procedure that has already been adjudicated.			0.001.0105.010
97	The benefit for this service is included in the payment/allowance for another			GLOBAL CARE PAID
	service/procedure that has already been adjudicated.			ODIVO MOLLIDED IN OLCO
97	The benefit for this service is included in the payment/allowance for another			SRVC INCLUDED IN GLOBAL
	service/procedure that has already been adjudicated.			DDOC COMPINATION NOT EVECTED CAME DAY
97	The benefit for this service is included in the payment/allowance for another			PROC COMBINATION NOT EXPECTED SAME DAY
07	service/procedure that has already been adjudicated.			DDOC COMPONIOT EVETT CAME DAY DD CLASSIC
97	The benefit for this service is included in the payment/allowance for another			PROC COMBO NOT EXPTD SAME DAY,PD CLM HIS
97	service/procedure that has already been adjudicated.			PAYMENT INC W/ DENTAL PACKAGE PROCEDURE
97	The benefit for this service is included in the payment/allowance for another			PAYMENT INC W/ DENTAL PACKAGE PROCEDURE
07	service/procedure that has already been adjudicated.			DAVMENT INC. W/DENTL DICC DDGC DD CLAN HOT
97	The benefit for this service is included in the payment/allowance for another			PAYMENT INC W/DENTL PKG PROC,PD CLM HIST
07	service/procedure that has already been adjudicated.			DENTI EVAN INO MEDAVASSIT OF ANOTHER CORE
97	The benefit for this service is included in the payment/allowance for another			DENTL EXAM INC W PAYMENT OF ANOTHER CODE
07	service/procedure that has already been adjudicated.			DENTI EVAMINIM DAVMENT OF DD OLM HIGT
97	The benefit for this service is included in the payment/allowance for another			DENTL EXAM IN W PAYMENT OF PD CLM HIST
97	service/procedure that has already been adjudicated.			DENTI DDOG COMPONICT EVDECTED CAME DAY
97	The benefit for this service is included in the payment/allowance for another			DENTL PROC COMBO NOT EXPECTED SAME DAY
97	service/procedure that has already been adjudicated. The benefit for this service is included in the payment/allowance for another			D PROC COMBO NOT EXP SAME DAY,PD CLM HIS
91				D PROC COMBO NOT EXP SAME DAY, PD CLM HIS
97	service/procedure that has already been adjudicated. The benefit for this service is included in the payment/allowance for another	_		CURRNT PROC MUTUAL EXCLUSV TO HISTR PROC
91				CURRINI PROC MUTUAL EXCLUSV TO HISTR PROC
97	service/procedure that has already been adjudicated.			LUCT DDOC MUTUAL EVILLEY TO CURDENT DDOC
97	The benefit for this service is included in the payment/allowance for another			HIST PROC MUTUAL EXLUSV TO CURRENT PROC
407	service/procedure that has already been adjudicated.	Nago	This convice/report connet be hilled concretely	DDOLONGED SEDVICES
107	The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	PROLONGED SERVICES
107	The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	MUST HAVE ANESTHESIA SERV CHEC PROCEDURE CODE NOT FOUND
107 107	The related or qualifying claim/service was not identified on this claim. The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	REQUIRES CPT FOR REV CODE
	The related or qualifying claim/service was not identified on this claim. The related or qualifying claim/service was not identified on this claim.			ESRD REQUIRES CPT-4 CODE
107	The related or qualifying claim/service was not identified on this claim. The related or qualifying claim/service was not identified on this claim.			OUTPATIENT REQUIRES CPT-4 CODE
107	The related or qualifying claim/service was not identified on this claim. The related or qualifying claim/service was not identified on this claim.			MUST BILL IMMUNIZATION CODE - VFC
107	The related or qualifying claim/service was not identified on this claim. The related or qualifying claim/service was not identified on this claim.			MUST BILL WITH D9220
107	Claim not covered by this payer/contractor. You must send the claim to the	MA101	A Skilled Nursing Facility (SNF) is responsible for payment of	SERVICES COVERED IN ICF/MR PER DIEM
103	correct payer/contractor.		outside providers who furnish these services/supplies to residents.	OLIVIOLO GOVERED IN IOF/IVIR PER DILIVI
109	Claim not covered by this payer/contractor. You must send the claim to the	M Δ101	A Skilled Nursing Facility (SNF) is responsible for payment of	NH PAID A PORTION OF CLAIM AMOUNT
1 '55	correct payer/contractor.		outside providers who furnish these services/supplies to residents.	THE AT STATION OF GEALINI AMOUNT
109	Claim not covered by this payer/contractor. You must send the claim to the	N192	Patient is a Medicaid/Qualified Medicare Beneficiary.	MEDICARE ELIGIBLE CLIENT, BILL PT D PLAN
1 '55	correct payer/contractor.		Tallotte to a modification equalified modificate Deficitionary.	MEDIONICE ELIGIBLE GEIENT, DIEET TOTEAN
109	Claim not covered by this payer/contractor. You must send the claim to the			HCBS MUST BE ON TAPE
1 '55	correct payer/contractor.			NOSO WOOT DE ON TALE
109	Claim not covered by this payer/contractor. You must send the claim to the			NOT EXEMPTED SUB ADOPT BILL PMHP OR DHS
109	correct payer/contractor.			INO I EVENIL LED 200 VOOL I DIEF LINIUL OK DU2
109	Claim not covered by this payer/contractor. You must send the claim to the			MENTAL HEALTH SERVICES
109	correct payer/contractor.			WILNIALTICALTITIONNICES
109	Claim not covered by this payer/contractor. You must send the claim to the			ADULT CRIMINAL COURT JURISDICTION
109	correct payer/contractor.			ADOLT ONIMINAL COOKT JURIODICTION
	corroot payor/contractor.		l .	

109	Claim not covered by this payer/contractor. You must send the claim to the			JUVENILE CRIMINAL COURT JURIS.
440	correct payer/contractor.			0.40 0.475 4.5750 0.444 0.5050 4.50
110	Billing date predates service date.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	SVC DATE AFTER CLAIM RECEIVED
110	Billing date predates service date.			INVALID BILLING DATE
110	Billing date predates service date.			INVALID BILLING DATE
110	Billing date predates service date.			LAST DATE OF SERV > BILLING DT
	Procedure postponed, canceled, or delayed.			RECIPIENT DID NOT ENTER NH FAC.
119	Benefit maximum for this time period or occurrence has been reached.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	LONG ACTING NARCOTIC DRUG INTERACTION
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOME HLTH INITIAL VISIT > 1 PER ADMIN
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOME HEALTH SUPPLIES EXCEEDS ALLOWABLE
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	SERVICE EXCEEDS 6 PER 12 MONTH LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	SERVICE EXCEEDS ONE PER MONTH
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	LITHOTRIPSY 2 PR 90 DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	LITHOTRIPSY 2 PER 90 DAYS/UB82
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOSPICE - 1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOSPICE - 1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS 3 PR 3 CALENDR MNTH LMT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOSPICE - 1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	SCHOOL SRVCS - 1 PER DAY
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS HCBS 1 PR DY LMT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS 1 CASE MGMT PER DAY
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS X-RAY LIMITS
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	D7110 1 PR DAY LMT EXCD
119	Benefit maximum for this time period or occurrence has been reached.	M90	Not covered more than once in a 12 month period.	PREVENTIVE HEALTH EXAM - ONE PER YEAR
119	Benefit maximum for this time period or occurrence has been reached.	M90	Not covered more than once in a 12 month period.	VISION LIMIT EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	
119	Benefit maximum for this time period or occurrence has been reached.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PCN CLIENT PRESCRIPTION LIMIT EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.	N20	Service not payable with other service rendered on the same date.	EXCEEDS XRAY LIMITS
119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	UNIT LIMIT EXCEEDED
	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	OBSERVATION SERVICES-1 PER 48 HR PERIOD
	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	EXCEEDS RESIDENCE LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	PROC CODE LIMITED TO 12 UNITS PER CAL YR
119	Benefit maximum for this time period or occurrence has been reached.	N435	Exceeds number/frequency approved/allowed within time period without support documentation.	EXCEEDS 10 PER 12 MO. REQ. MANUAL REVIEW
119	Benefit maximum for this time period or occurrence has been reached.			RESPITE CARE LIMIT
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS 8 PER 24 MOS
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS DENTAL LIMIT-XRAY
	Benefit maximum for this time period or occurrence has been reached.			DENTAL LIMIT-2 EXAM PER YEAR
	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS PROPHY LIMIT
	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS SEALANT LIMIT
	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS CROWN PREP LIMIT
	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS CROWN LIMIT
	Benefit maximum for this time period or occurrence has been reached.			PERINATAL CRE CO-ORD EXCDS 1 PR 30 DYS
			·	

119	Benefit maximum for this time period or occurrence has been reached.			RSK ASSMT EXCDS 2 PR 10 MOS
119	Benefit maximum for this time period or occurrence has been reached.			GROUP PRE/POSTNATAL ED EXCDS 8 PR 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			DIET COUNSL EXCEEDS 14 PER 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			PSYCHOSOCIAL COUSL EXCEEDS 10 PER 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			PRE/POSTNATAL HOME VSTS EXCDS 6 PR 12 MS
119	Benefit maximum for this time period or occurrence has been reached.			PRENATAL ASSMENT VSTS EXCDS 1 PR 10 MOS
119	Benefit maximum for this time period or occurrence has been reached.			PRENATAL VISIT EXCDS 3 PR 10 MONS
119	Benefit maximum for this time period or occurrence has been reached.			GLOBAL MTRNTY CRE 1 PR PRGNCY
119	Benefit maximum for this time period or occurrence has been reached.			HIGH RSK MATERNITY GLOBAL-1 PER PREGNCY
119	Benefit maximum for this time period or occurrence has been reached.			HGH RSK PREG CNSULT EXCDS 1 PR 10 MOS
119	Benefit maximum for this time period or occurrence has been reached.			HGH RSK PREG FLLW-UP EXCDS 2 PR 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS 2 FOLLOW-UP PHONE CONTACTS SMKG
119	Benefit maximum for this time period or occurrence has been reached.			LMT PR CALENDAR YR EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.			HOSPICE UNITS EXCEED 5
119	Benefit maximum for this time period or occurrence has been reached.			ORIG LINE DENIED, EXCEEDS UNIT LIMIT
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	QUANTITY TOO SMALL/LARGE
125	Reason Code). Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject	M49	Missing/incomplete/invalid value code(s) or amount(s).	INVALID REFILL INDICATOR
1	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	UNITS GREATER THAN DAYS OF SVC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	INVALID TOTAL DAYS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	SERVICE EXCEED ONE HUNDRED LINES FOR DOS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject	M53	Missing/incomplete/invalid days or units of service.	MORE THAN ONE HUNDRED UNITS ON ONE LINE
125	Reason Code). Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M59	Missing/incomplete/invalid "to" date(s) of service.	INVALID LAST DATE OF SERVICE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA100	Missing/incomplete/invalid date of current illness or symptoms.	INVALID ONSET DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	FIRST DATE OF SVC AFTER LAST
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	INVALID ACTION DATE -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	TOTAL DAYS LT COVERED DAYS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	INVALID TOTAL DAYS BILLED -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA33	Missing/incomplete/invalid noncovered days during the billing period.	INVALID HOSP LEAVE DAYS-LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N228	Incomplete/invalid consent form.	INV PA STERILE INTERP DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N293	Missing/incomplete/invalid service facility primary identifier.	VALID HOSPITAL PROVIDER NEEDED

125	Submission/billing error(s). At least one Remark Code must be provided (may be	N300	Missing/incomplete/invalid occurrence span date(s).	DTS OF SVC OVERLAP CALENDAR YR
	comprised of either the Remittance Advice Remark Code or NCPDP Reject			
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N300	Missing/incomplete/invalid occurrence span date(s).	INVLD/MSSNG ACTION REASON CODE
	comprised of either the Remittance Advice Remark Code or NCPDP Reject		3 · · · · · · · · · · · · · · · · · · ·	
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N379	Claim level information does not match line level information	SUM OF ITEMS NOT EQUAL TOT CHG
123		14373	Claim level information does not match line level information.	SUM OF ITEMS NOT EQUAL TOT CHG
	comprised of either the Remittance Advice Remark Code or NCPDP Reject			
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N379	Claim level information does not match line level information.	SUM OF ITEMS GT TOTAL CHARGE
	comprised of either the Remittance Advice Remark Code or NCPDP Reject			
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N39	Procedure code is not compatible with tooth number/letter.	PROC INVALID FOR TOOTH# BILLED REPLACED
	comprised of either the Remittance Advice Remark Code or NCPDP Reject			
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N50	Missing/incomplete/invalid discharge information.	DISCH DATE MUST EQUAL LAST DATE
123	comprised of either the Remittance Advice Remark Code or NCPDP Reject	1430	ivissing/incomplete/invalid discharge information.	DISCH DATE WOST EQUAL LAST DATE
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N58	Missing/incomplete/invalid patient liability amount.	INVALID OTHER INCOME AMT -LTC
	comprised of either the Remittance Advice Remark Code or NCPDP Reject			
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N61	Rebill services on separate claims.	INVALID LINE ITEM CODE
	comprised of either the Remittance Advice Remark Code or NCPDP Reject		•	
	Reason Code).			
125	Submission/billing error(s). At least one Remark Code must be provided (may be	N75	Missing/incomplete/invalid tooth surface information.	RESVD CCE-SURFACE VALIDATION REPLACEMENT
	comprised of either the Remittance Advice Remark Code or NCPDP Reject		inissing/incomplete/invalid tootif surface information.	TREOVE GOE GOTT FIGE VALIDATION RELEASEMENT
400	Reason Code).			DEVEROAL ON DEBILL FAILED OF AIM DE FEOTED
129	Prior processing information appears incorrect.			REVERSAL ON REBILL FAILED, CLAIM REJECTED
133	The disposition of this claim/service is pending further review.	M62	Missing/incomplete/invalid treatment authorization code.	PRIOR AUTH STATUS IS PENDING FOR REVIEW
133	The disposition of this claim/service is pending further review.	M62	Missing/incomplete/invalid treatment authorization code.	INV PA STERILE MI/MR IND
133	The disposition of this claim/service is pending further review.	MA37	Missing/incomplete/invalid patient's address.	INVALID RECIPIENT COUNTY
133	The disposition of this claim/service is pending further review.	N434	Missing/incomplete/invalid Present on Admission indicator.	XOVER DX NOT PRESENT ON ADMISSION
133	The disposition of this claim/service is pending further review.	N45	Payment based on authorized amount.	PA APPROVED ZERO UNITS & AMT
133	The disposition of this claim/service is pending further review.			TOO MANY CLAIMS UB-25/OTHERS-45
133	The disposition of this claim/service is pending further review.			INVALID ADJUSTMENT REASON
133	The disposition of this claim/service is pending further review.			INVALID APPROVER OF FORCE/DENY
133	The disposition of this claim/service is pending further review.			RELEASE OF INFORMATION NOT SIGNED
133	The disposition of this claim/service is pending further review.			RECIPIENT TRANSFERED TO A H&CB
133	The disposition of this claim/service is pending further review.			RECIPIENT RECIEVED CASH SETTLEMENT
133	The disposition of this claim/service is pending further review.			RECIPIENT DENIED INAPP PLCMT
133	The disposition of this claim/service is pending further review.			RECIPIENT DENIED-PATIENT LEFT AMA
133	The disposition of this claim/service is pending further review.			RECIPIENT STATUS CHG-NO INSTUT.
133	The disposition of this claim/service is pending further review.			PATIENT TRANSFERED TO MEDICARE
133	The disposition of this claim/service is pending further review.			HOST PA/MC ERROR
133	The disposition of this claim/service is pending further review.			HOST ELIGIBILITY ERROR
133	The disposition of this claim/service is pending further review.			HOST DRUG FILE ERROR
133	The disposition of this claim/service is pending further review.			HOST PROVIDER FILE ERROR
133	The disposition of this claim/service is pending further review.			HOST DUPLICATE FILE ERROR
133	The disposition of this claim/service is pending further review.			HOST OTHER FILES ERROR
133	The disposition of this claim/service is pending further review.			CAPTURED - AWP/MAC CONFLICT
133	The disposition of this claim/service is pending further review.			CUSTODY MEDICAL CARE CLAIMS
133	The disposition of this claim/service is pending further review.			PRIOR AUTHORIZATION DUPLICATED
133	The disposition of this claim/service is pending further review.			PROC 1 GREATER THAN PROC 2
133	The disposition of this claim/service is pending further review.			ADJUSTMENT HAS AUTO DENIAL
133	The disposition of this claim/service is pending further review.			BUDGET FOR FUND TYPE EXCEEDED
133	The disposition of this claim/service is pending further review.			RECIP FUND TYPE INV FOR BUDGET
133	The disposition of this claim/service is pending further review.			INVALID GROSS ADJ FUND TYPE
133	The disposition of this claim/service is pending further review.			MISSING CASE # - FORCED ELIG
133	The disposition of this claim/service is pending further review.			MISSING DISTRICT CODE
133	The disposition of this claim/service is pending further review.			MISSING COUNTY CODE
133	The disposition of this claim/service is pending further review.			MISSING RACE CODE
133	The disposition of this claim/service is pending further review.			MISSING RECIPIENT AID TYPE
133	The disposition of this claim/service is pending further review. The disposition of this claim/service is pending further review.			GROSS INCOME EXCEEDS ALLOWED
133	The disposition of this claim/service is pending further review.			PHARMACY XOVER - PROVIDER NOT FOUND
133	The disposition of this claim/service is penully further feview.			I HANIMACE ACVENTE NOVIDER NOT FOUND

	Term of the state			DOO VOVED OF THE DAY OF THE DAY OF THE
133	The disposition of this claim/service is pending further review.			POS XOVER CLAIM M/I OTHER PAYER INFO
133	The disposition of this claim/service is pending further review.			PEDIATRIC - BELOW MINIMUM
133	The disposition of this claim/service is pending further review.			PEDIATRIC - ABOVE MINIMUM
133	The disposition of this claim/service is pending further review.			IATROGENIC-SIDE EFFECTS
133	The disposition of this claim/service is pending further review.			ADDITIVE-TOXICITY SIDE EFFECTS
133	The disposition of this claim/service is pending further review.			MCO DENIAL
133	The disposition of this claim/service is pending further review.			MMCS REJECTED CLAIM
133	The disposition of this claim/service is pending further review.			REJECTED ADJUSTMENTS
133	The disposition of this claim/service is pending further review.			INVALID FAMILY PLANNING CODE
133	The disposition of this claim/service is pending further review.			IHS SRVCS ARE LIMITED TO ONE AIR PER DAY
133	The disposition of this claim/service is pending further review.			INV ACCIDENT IND -INST CLAIM
133	The disposition of this claim/service is pending further review.			INVALID CHILD ABUSE INDICATOR
133	The disposition of this claim/service is pending further review.			ENTRY DATE ON P.A. NOT NUMERIC
133	The disposition of this claim/service is pending further review.			SVS FOR MANUAL CHIP ENROLLMENT
133	The disposition of this claim/service is pending further review.			CLERK IDENTIFICATION = ZERO
133	The disposition of this claim/service is pending further review.			INVALID PA ANESTH IND
133	The disposition of this claim/service is pending further review.			INV PA PROC-IN-OFFICE CODE
133	The disposition of this claim/service is pending further review.			INVALID PA REVIEWER SIGN DATE
133	The disposition of this claim/service is pending further review.			INV ACTION APPL IND -PREADMIT
133	The disposition of this claim/service is pending further review.	1		INV ACTION APPL DATE -PREADMIT
133	The disposition of this claim/service is pending further review.			INV APPROVED LOC -PREADMIT
133	The disposition of this claim/service is pending further review.			INV PER DIEM RATE -PREADMIT
133	The disposition of this claim/service is pending further review. The disposition of this claim/service is pending further review.			INV FER DIEW RATE - FREADWIT
				INV DATE FOR ACTION -PREADMIT
133	The disposition of this claim/service is pending further review.			
133	The disposition of this claim/service is pending further review.			INV/MISSING REVIEW ID
133	The disposition of this claim/service is pending further review.			INV DATE OF SURGERY -PREADMIT
133	The disposition of this claim/service is pending further review.			TOO MANY EXCEPTIONS
133	The disposition of this claim/service is pending further review.			RECIPIENT DATA FILE ERROR
	Failure to follow prior payer's coverage rules. (Use Group Code OA).			SERVICE NOT COVERED THRU CROSSOVERS
136	Failure to follow prior payer's coverage rules. (Use Group Code OA).			NOT COVERED THRU CROSSOVERS
140	Patient/Insured health identification number and name do not match.			CLAIM FOR NEWBORN MORE THAN 30 DAYS
140	Patient/Insured health identification number and name do not match.			BILL SVC UNDER BABYS OWN ID NO
140	Patient/Insured health identification number and name do not match.			BILL SVC UNDER MOTHERS ID NO
140	Patient/Insured health identification number and name do not match.			DATA ENTRY NAME/RECIPIENT NAME MISMATCH
141	Claim spans eligible and ineligible periods of coverage.			RECIP NOT ELIG ALL SERV DATES
141	Claim spans eligible and ineligible periods of coverage.			RECIP INELIGIBLE DATES OVERLAP
141	Claim spans eligible and ineligible periods of coverage.			RECIP NOT ELIG ON ALL SERV DTES
141	Claim spans eligible and ineligible periods of coverage.			ELIG DTS AND SPENDDOWN DTS OVERLAP
142	Monthly Medicaid patient liability amount.			SPDN-WAS UMAP-NOW MEDICAID
146	Diagnosis was invalid for the date(s) of service reported.	M76	Missing/incomplete/invalid diagnosis or condition.	MISSING DIAGNOSIS CODE
146	Diagnosis was invalid for the date(s) of service reported.	M76	Missing/incomplete/invalid diagnosis or condition.	ALL DX FOR LTC NOT ON FILE
146	Diagnosis was invalid for the date(s) of service reported.	MA63	Missing/incomplete/invalid principal diagnosis.	INVALID DRG PRINCIPAL DIAG CDE
146	Diagnosis was invalid for the date(s) of service reported.	IIIAOO	ivilosing/incomplete/invalid principal diagnosis.	DOS BEFORE DIAG IS EFFECTIVE
150	Payer deems the information submitted does not support this level of service.	N22	This procedure code was added/changed because it more accurately	ALTERNATE CODE REPLACEMENT
130	ayer deems the information submitted does not support this level of service.	1422	describes the services rendered.	ALTERNATE CODE REFLACEIVIENT
450	Dovor dooms the information submitted does not support this level of some	NIZE		DECVIDED DOE CLIDE VALIDATION LIDODDING
150	Payer deems the information submitted does not support this level of service.	N75	Missing/incomplete/invalid tooth surface information.	RESVD FOR CCE - SURF VALIDATION UPCODING
150	Payer deems the information submitted does not support this level of service.			MORE INTENSIVE CARE REQUIRED
150	Payer deems the information submitted does not support this level of service.			MEDICAL NEEDS SUPERSEDS NH
150	Payer deems the information submitted does not support this level of service.			PROV UNAUTH TO PROV LOC ON DOS
150	Payer deems the information submitted does not support this level of service.			PER DIEM/LOC CONFLICT
150	Payer deems the information submitted does not support this level of service.			CLM/SRV ADJ INFO DOESN'T SUP LEVEL/SRV
153	Payer deems the information submitted does not support this dosage.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug	MISS/INVALID DRUG PACKAGE SIZE
			furnished.	
165	Referral absent or exceeded.			NO CASE MNGT REFERRAL RECV'D FOR DOS
165	Referral absent or exceeded.			NO LOCK-IN REFERRAL RECV'D FOR DOS
167	This (these) diagnosis(es) is (are) not covered.	M64	Missing/incomplete/invalid other diagnosis.	SECONDARY DIAGNOSIS NOT COVERED
167	This (these) diagnosis(es) is (are) not covered.	M64	Missing/incomplete/invalid other diagnosis.	SECONDARY DX NOT COVERED 10A
167	This (these) diagnosis(es) is (are) not covered.	M76	Missing/incomplete/invalid diagnosis or condition.	ALL DX INVALID
167	This (these) diagnosis(es) is (are) not covered.	M76	Missing/incomplete/invalid diagnosis or condition.	INV LTC DIAGNOSIS CD -PREADMIT
167	This (these) diagnosis(es) is (are) not covered.	MA63	Missing/incomplete/invalid principal diagnosis.	PRIMARY DIAGNOSIS NEVER COVERED
167	This (these) diagnosis(es) is (are) not covered.	MA63	Missing/incomplete/invalid principal diagnosis. Missing/incomplete/invalid principal diagnosis.	PRIMARY DX NOT COVERED 10A
167	This (these) diagnosis(es) is (are) not covered. This (these) diagnosis(es) is (are) not covered.	INIAUS	missing/mooniplete/invalid principal diagnosis.	THIRD DIAGNOSIS NOT COVERED
167 167	This (these) diagnosis(es) is (are) not covered. This (these) diagnosis(es) is (are) not covered.			FOURTH DIAGNOSIS NOT COVERED
1 1h/	This (these) diagnosis(es) is (are) not covered.		1	FIFTH DX NOT COVERED

171 Payment is denied when performed/billed by this type of provider in this type of			LAB CODES PAY TO PATHOLOGISTS
facility.			END GODESTAN TO TANNOED SIGN
175 Prescription is incomplete.	N378	Missing/incomplete/invalid prescription quantity.	PARTIAL FILL, SUBMIT WHEN COMPLETED
175 Prescription is incomplete.			M/I PRESCRIPTION/SVC REF NUMBR QUALIFIER
175 Prescription is incomplete.			M/I COMPOUND SEGMENT
177 Patient has not met the required eligibility requirements.	N30	Patient ineligible for this service.	ADMIT NOT EMERGENCY
177 Patient has not met the required eligibility requirements.	N330	Missing/incomplete/invalid patient death date.	PATIENT EXPIRED WHILE ON MEDICARE
177 Patient has not met the required eligibility requirements.	N43	Bed hold or leave days exceeded.	PATIENT ON LOA/EXTENDED LEAVE
178 Patient has not met the required spend down requirements.			SPENDDOWN-POSSIBLE MATCH
181 Procedure code was invalid on the date of service.	M50	Missing/incomplete/invalid revenue code(s).	DOS BEFORE REV CODE EFFECTIVE
181 Procedure code was invalid on the date of service.	M51	Missing/incomplete/invalid procedure code(s).	PROV. OR REF. FILE DATA INCOMPLETE
Procedure code was invalid on the date of service.	M51	Missing/incomplete/invalid procedure code(s).	PROCEDURE CODE NOT FOUND
181 Procedure code was invalid on the date of service.	M51	Missing/incomplete/invalid procedure code(s).	INVALID PROCEDURE CODE
Procedure code was invalid on the date of service.			PROC CODE NOT COVERED ON DOS
181 Procedure code was invalid on the date of service.			DOS BEFORE SURG IS EFFECTIVE
182 Procedure modifier was invalid on the date of service.			DISCONTINUED MODIFIER
Procedure modifier was invalid on the date of service.			MODIFIER NON-COVERED BY MEDICAID
The referring provider is not eligible to refer the service billed.			PROV TYPE INVLD TO REFER
The prescribing/ordering provider is not eligible to prescribe/order the service billed.			LOCK-IN CLIENT PRESCRIBER NOT AUTHORIZED
The prescribing/ordering provider is not eligible to prescribe/order the service billed.			LOCK-IN EMERGENCY SUPPLY EXCEEDS 3 DAYS
186 Level of care change adjustment.	N188	The approved level of care does not match the procedure code submitted.	INVALID LOC CHANGE DAYS
186 Level of care change adjustment.			OVERLAPPING DOS-TAD
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	MISSING PRIOR AUTH NUMBER
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PSYC SVC REQ PA (IP)
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	SURGICAL PROCEDURE REQUIRES PA
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PROC CD HAS DOLLAR LIMIT-REQ PA
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NON-EMER -TRANS NOT AUTHORIZED
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NO MEDICAID PRIOR AUTHORIZATION
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NO MEDICAID PRIOR AUTHORIZATION
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	DRG REQUIRES PA
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NEEDS MI-706
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PROC NEEDS PA WHEN DONE INPAT
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	ABORTION RELATED SVS REQUIRE PA
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PSYC SRVCS NOT APPROVED
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	DIAG/CLAIM NE DAIG/PA
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PSYC DIAG MUST USE PSYC PROCS
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	CLAIM NEEDS PA NUMBER PHARMACY
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	INV PA PROC-IN-OFFICE CODE
197 Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	LINE ADDED REQUIRE A PA,ORIG CODE DIDN'T
197 Precertification/authorization/notification absent.	N3	Missing consent form.	REQ PA W/STERL CONSENT DT
197 Precertification/authorization/notification absent.	N3	Missing consent form.	REQ PA W/ABORT CONSENT DT
197 Precertification/authorization/notification absent.	N3	Missing consent form.	REQ PA & HOSP CONSENT DT
197 Precertification/authorization/notification absent.	N362	The number of days or Units of Service exceeds our acceptable maximum.	EXCEEDS 156/MONTH SUPPLY LIMIT
197 Precertification/authorization/notification absent.			DRUG REQUIRES PRIOR AUTH
197 Precertification/authorization/notification absent.			MISSING MI706-FOR UMAP
197 Precertification/authorization/notification absent.	Noce	The number of days as their of Occident support to the contract of the contrac	CLAIM CAPTURED WAITING FOR P.A. APPROVAL
198 Precertification/authorization exceeded.	N362	The number of days or Units of Service exceeds our acceptable maximum.	PROC REQS PA OR UNIT LIMIT
198 Precertification/authorization exceeded.	N362	The number of days or Units of Service exceeds our acceptable maximum.	ALL PRIOR AUTH UNITS/AMT USED
198 Precertification/authorization exceeded.	N362	The number of days or Units of Service exceeds our acceptable maximum.	CLM UNITS EXCEED UNITS AUTHED
198 Precertification/authorization exceeded.	N43	Bed hold or leave days exceeded.	HOSPITAL LEAVE DAYS EXCEED 3
198 Precertification/authorization exceeded.			ADJUSTMENT FOR UMAP CLIENT
198 Precertification/authorization exceeded.			HOSP INPT/OUPT UNITS USED
198 Precertification/authorization exceeded.			PA UNITS FOR PSYC SRVCS USED USED PA UNITS
198 Precertification/authorization exceeded. 203 Discontinued or reduced service.	N56	Procedure code billed is not correct/valid for the services billed or the date of	DISCONTINUED PROCEDURE CODE
204 This service/equipment/drug is not covered under the patient's current benefit plan.	M119	service billed. Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG CODE NOT ON INDEX
204 This service/equipment/drug is not covered under the patient's current benefit plan.	N129	Not eligible due to the patient's age.	INVALID AGE FOR DENTAL PROCEDURE
204 This service/equipment/drug is not covered under the patient's current benefit plan.			NON-COVERED DRUG

211	National Drug Codes (NDC) not eligible for rebate, are not covered.	M115	This item is denied when provided to this patient by a non-contract or	NON-CONTRACTING DRUG MFG
1 211	Inational Drug Codes (INDC) not eligible for repate, are not covered.	WITIS	non-demonstration supplier.	NON-CONTRACTING DRUG WIFG
226	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N301	Missing/incomplete/invalid procedure date(s).	SERVICE-PREADMIT DATE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M77	Missing/incomplete/invalid place of service.	INVALID PLACE OF SERVICE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).		A Skilled Nursing Facility (SNF) is responsible for payment of outside providers who furnish these services/supplies to residents.	MED SUP/PHAR CONFLICT W/NH PAY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).		Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	DOS OVRLP HOSP CLAIM
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	XOVER CLM INPT/OUTPT OVRLP
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	INPT/OUTPT CLMS OVERLAP DOS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	FIRST DATE OF SERVICE GT LAST
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	INVALID TOTAL DAYS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA40	Missing/incomplete/invalid admission date.	ADMIT DATE AFTER FIRST DATE SV
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA41	Missing/incomplete/invalid admission type.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA42	Missing/incomplete/invalid admission source.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	RVW CLMS/PROV
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	REVIEW ALL CLAIMS WITH THIS PROCEDURE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	MULT MODIFIERS-MANUAL REVIEW
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N109	This claim/service was chosen for complex review and was denied after reviewing the medical records.	REVIEW ALL CLAIMS FOR RECIPIENT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N198	Rendering provider must be affiliated with the pay-to provider.	SERV PROV UNAFFIL W/GRP PRACT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	PRSNL CR HM-HLTH CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	SKILLED NURSING/HH AID CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	HH/NURSE VISIT CONFLICT

A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	NURSING/HH AIDE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	NURSING/HH AIDE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	NURSING/HH AIDE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	ATTENDANCE/RESUSCITATION BILLED SAME DAY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	HCBS CONFL WTH TCM OR ICF/MR DY TRMT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	P.E. DOESN'T COVER NH OR HOSP
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	CLIENT / DRUG COMBINATION NOT COVERED
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N305	Missing/incomplete/invalid accident date.	ACCIDENT DATE GT LAST SVC DATE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing/referring/attending provider license number.	INVALID REFERRING LIC NO
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N329	Missing/incomplete/invalid patient birth date.	INVALID DATE OF BIRTH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N34	Incorrect claim form/format for this service.	SERVICE BILLED USING WRONG CLAIM FORM
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N34	Incorrect claim form/format for this service.	HCFA INVALID FOR OUTPATIENT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N34	Incorrect claim form/format for this service.	INVALID MCAID CLAIM TYPE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N39	Procedure code is not compatible with tooth number/letter.	INVALID TOOTH NUMBER
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N39	Procedure code is not compatible with tooth number/letter.	PROC CODE/TOOTH # CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	OT DOS CONF INPT/NH SVS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	SA DOS CONF W-INPT/NH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	TCM OVERLAPS HOSP/NH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	MEDICAL CLAIM/INST CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	INPT CLM PD FOR DOS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	HCBS/INPT/NH CONFLICT

A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	PRSNL CRE OR TCM CONF MEDCRE NH/INPT PMT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	INVALID DISCHARGE HOUR
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	INV DISCHARGE STATUS FOR DRG
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	COMPOUND DRUG BILLED INCORRECTLY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	DIFFERENT PROV TYPES ON CLAIM
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	COS CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N63	Rebill services on separate claim lines.	OVERLAPPING DATE OF SERVICE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N63	Rebill services on separate claim lines.	FROM - TO DATES MUST BE SAME
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N79	Service billed is not compatible with patient location information.	DELIVERY FEE FOR DRUG-RURAL CLIENT ONLY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N81	Procedure billed is not compatible with tooth surface code.	INVALID TOOTH SURFACE
A8	Ungroupable DRG			INVALID AGE FOR DRG
A8	Ungroupable DRG			INVALID SEX FOR DRG
A8	Ungroupable DRG			UNABLE TO CALCULATE DRG
A8	Ungroupable DRG			UNABLE TO CALCULATE DRG
	Ungroupable DRG			DRG NOT ON FILE
A8				
A8 B13	Ungroupable DRG Previously paid. Payment for this claim/service may have been provided in a previous payment.	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	INVALID ACCOMODATION FOR DRG SAME/OVRLP DOS PAID CLAIM INPT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	POSSIBLE DUPLICATE CLAIM
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment. Previously paid. Payment for this claim/service may have been provided in a	N111 N522	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated. Duplicate of a claim processed, or to be processed, as a	POS DUP/CONF - MAN PROC MEDICARE/MEDICAID POSSIBLE DUP
	previous payment.		crossover claim.	
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	MDCARE/MDCAID POSSIBLE CONFLCT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment. Previously paid. Payment for this claim/service may have been provided in a			ICF POSSIBLE DUPLICATE
	previous payment.			POSSIBLE CLAIM CONFLICT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			GLOBAL/OTHER DELVRY CONFLICT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			TWO GLOBAL - SAME CYCLE
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			CONFLICT - ANTEPARTUM
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			2 POSTPARTUM CLAIMS
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			LONG ACTING NARCOTIC PAID WITHIN 30 DAYS
B14	Only one visit or consultation per physician per day is covered.	M86	Service denied because payment already made for same/similar procedure within set time frame.	1 PED. CRITICAL CARE PHYS E&M PER DAY
B14	Only one visit or consultation per physician per day is covered.			1 NEONATAL PHYSICIAN VISIT PER DAY LIMIT
B14	Only one visit or consultation per physician per day is covered.			1 PHYSICIAN VISIT PER DAY LMIT

B15	This service/procedure requires that a qualifying service/procedure be	M15	Separately billed services/tests have been bundled as they are	REBUNDLED SERVICE NOT PAID SEPARATELY
	received and covered. The qualifying other service/procedure has not been		considered components of the same procedure. Separate payment is not	
	received/adjudicated.		allowed.	
B15	This service/procedure requires that a qualifying service/procedure be	M15		REBUNDLED PROCEDURE DUE TO HISTORY CLAIM
БІЗ		IVITO	Separately billed services/tests have been bundled as they are	REBUNDLED PROCEDURE DUE TO HISTORY CLAIM
	received and covered. The qualifying other service/procedure has not been		considered components of the same procedure. Separate payment is not	
	received/adjudicated.		allowed.	
B15	This service/procedure requires that a qualifying service/procedure be	M15	Separately billed services/tests have been bundled as they are	REBUNDLED DENTAL SERVICE NOT PD SEPARATE
	received and covered. The qualifying other service/procedure has not been		considered components of the same procedure. Separate payment is not	REBONDEED BENTAL CERTIFICE NOTE & CELTRICATE
	received/adjudicated.		allowed.	
B15	This service/procedure requires that a qualifying service/procedure be	M15	Separately billed services/tests have been bundled as they are	REBUNDLE DNTL SRV NOT PD SEPARATE HX CLM
	received and covered. The qualifying other service/procedure has not been		considered components of the same procedure. Separate payment is not	
	received/adjudicated.		allowed.	
				WOT VEW DT ED AND GUIDTORIAL ODE GERVO
B16	`New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NOT NEW PT FR NH CUSTODIAL CRE SERVS
B16	`New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NT NEW PT FR LONG TERM CARE
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	COG SERV-3 YRS-NOT NEW PT
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NOT NEW PATIENT/SAME SPECIALTY IN GROUP
	New Fatient qualifications were not met.			
B16	`New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NOT A NEW PATIENT
B20	Procedure/service was partially or fully furnished by another provider.	M86	Service denied because payment already made for same/similar procedure	WEBER DENTAL CONFLICT
			within set time frame.	
B20	Procedure/service was partially or fully furnished by another provider.	N111	No appeal right except duplicate claim/service issue. This service was	POSSIBLE DUPLICATE SVR BY MULTI PROV'S
520	r 1999aaro, oorvioo waa paraany or rany raffilolieu by alloulei provider.			OCCUPE DOLLOWIE OVICE DE MOLITEROV S
			included in a claim that has been previously billed and adjudicated.	
B22	This payment is adjusted based on the diagnosis.			E&M HIGHER INTENSITY THAN EXPCTD PER DX
B5	Coverage/program guidelines were not met or were exceeded.			NH DIDN'T FOLLOW PREADMIS. REQ
B5	Coverage/program guidelines were not met or were exceeded.			REFILL TOO SOON
	Coverage/program guidelines were not met or were exceeded.			EARLY REFILL DIFFERENT PHARMACY
B5	Coverage/program guidelines were not met or were exceeded.			CUMULATIVE-EXCESSIVE USE
B5	Coverage/program guidelines were not met or were exceeded.			INVALID METRIC QUANTITY
B5	Coverage/program guidelines were not met or were exceeded.			CANNOT BILL INTERIM
B5	Coverage/program guidelines were not met or were exceeded.			SAME DAY SRV BILL OUTPT
	Coverage/program guidelines were not met or were exceeded.			
B5	Coverage/program guidelines were not met or were exceeded.			ONE DAY STAY-BILL AS OUTPTIENT
B7	This provider was not certified/eligible to be paid for this procedure/service on this			PROVIDER NOT ENROLLED ON DOS
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			PROV NUMBER/SERVICE CONFLICT
υ,				I NOV NOWIDEN/SERVICE CONTEICT
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			NOT ENROLLED FOR COS ON SVC DT
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			PROVIDER ENRLMNT DISCONTINUED
υ.				I KOVIDEK ENKLIVINT DISCONTINGED
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			PROVIDER INELIGIBLE ON DOS
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			PROV SUSPENDED FROM T-19 ELIG
υ,				I NOV 3001 ENDED I NOW 1-19 EEIO
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			ENROLLMENT RECORD DELETED
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			LAB NOT ELIG TO PROVIDE SVC
٥.				ENDINOT ELIO TOT NOVIDE OVO
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			NH CAN'T ADMIT-UNDER SANCTION
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			NH DOESN'T HAVE AVAILABLE BED
	date of service.			NIT DOZON T TIX VE TOTALE DED
B7	This provider was not certified/eligible to be paid for this procedure/service on this			FACILITY DIDN'T MEET PATIENT NEED
	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			REVIEW OUT OF STATE PROVIDER
ı -				THE VIEW GOT OF OTHER PROVIDER
L	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			PROV ENROLLMENT RESTRICTION
I	date of service.			
B7	This provider was not certified/eligible to be paid for this procedure/service on this			CLIA CERT# SANCTIONED FOR THIS PROCEDURE
l -	, , , , , , , , , , , , , , , , , , , ,			CENT CENTIFICATION CENTER TO THE TROOP OF THE PROPERTY OF THE
	date of service.	NICOS		HOE LOWER COST ALTER THE
B8	Alternative services were available, and should have been utilized.	N188	The approved level of care does not match the procedure code	USE LOWER COST ALTERNATIVE
I			submitted.	
В9	Patient is enrolled in a Hospice.			HOSPICE TO INPATIENT
	·			HOSP/NH CONFLICT TO HOSPICE
В9	Patient is enrolled in a Hospice.			